When Ms. Fisher assumed control of the Huntsville, Ferguson and Goree units I began receiving complaints of her inability to speak tactfully with the existing staff. Since she was a new Nurse Managers I felt I needed to allow her time to work on her communications skills. I have mentioned in multiple Nurse Manger meetings that a little tact and hearing the employees complaints demonstrated to them that they were valued and appreciated. While these comments were not for Ms. Fisher alone they were certainly intended for her as well. As time passed I continued to get complaints and I finally called her into my office and spoke with her about her communication style. She pointedly asked me what she was doing wrong. Acting only on the complaints I had received I told her that I had heard that she spoke in loud tones and failed to listen to what others said before interrupting them and pushing her own agenda for the conversation. I explained that if a conversation was escalating to calm it down and take it into a private place such as an office.

As we spoke in my office Ms. Fisher continued to insist that she was communicating well and that I was just not there and I was accepting only the employee's words for her behavior. I explained that while this was in fact true that I had heard it from many different employees on more than one unit and it was now an established pattern to the degree that the overwhelming evidence was that I had to give it merit. I explained that I was not unhappy or upset, but that she could certainly be more mindful of how she communicates with others and work toward being better. As our conversation continued Ms. Fisher would repeatedly interrupt me and try to talk over me. I finally stopped her after the third occurrence and pointed out that if she would speak to me in such a manner, and this was one of the exact same things her employees were complaining of how could this not be happening with a subordinate?

I could tell that she now understood what I was trying to say. I went on to explain that the staff needed to see their manager as someone who was at least approachable so they could vent their problems. If not, problems would continue to exist till they became major events and the staff would have no confidence in the leadership which would ultimately lead to failure.

This issue was of enough concern that she made it a goal of her semiannual to work toward increasing her communications skills and listening effectively. I felt like I saw Ms. Fisher make some progress toward this goal, but never felt she was proficient at easy, effective and non-confrontational communication.

I also feel she has difficulty accepting other people's views that conflict with her own. I can recall times in meetings when both I and the other Nurse Managers would repeatedly attempt to explain a situation to Ms. Fisher but she could never seem to make the connection. She seems to have difficulty assimilating certain things or once she has made up her mind about a topic it is difficult if not impossible to get her to re-examine her position. This inflexibility and inability to see things from another's perspective is a weakness in her ability to lead effectively. I felt his problem was resurfacing at the RMF so I mentioned it to her in conversations and I again listed it as a goal for her in her 2005

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semiannual evaluation. In her written response back she denied this was a problem even though she had accepted it previously as worthy of a goal to improve.

When Ms. Fisher assumed the manager position following her promotion I told her of concerns I had regarding her ANM that was then posted at the Ferguson unit. I listed concerns I had as being disorganized and lacking the ability to lead or even effectively direct subordinates. I asked Ms Fisher to follow this and let me know if she observed the same things. In every single conversation following this she reaffirmed that she felt similarly and told me on more than one occasion that she just didn't feel the ANM had the raw skills to perform the job effectively no matter how much she worked with her. I advised her to continue to monitor this situation and keep me informed. After several months I suggested that she may want to create a Corrective Action Plan (CAP) for the ANM and begin documenting her efforts formally. I expressed that I didn't believe in leaving someone in a position, especially a management position if they could not perform effectively. I felt it was not good business and that it block any possibility of other staff to promote who could do a better job.

In late 2004 (date??) I had a lengthy conversation with Ms. Fisher regarding the lack of progress of the ANM. Again she advised me there was no progress and that she didn't know if the ANM could ever come to the level expected of a ANM. At that time I told her she would need to make some sort of decision soon, that I was growing concerned by her lack of inaction. She offered no other explanation other than she would continue to attempt to work with the ANM to improver her skills.

After a few more months passed I held a nurse managers meeting. It was my custom to go around the room and have each manager provide me a verbal report of their units problems and strengths. During Ms. Fishers report I asked her how the ANM was coming and she replied as per usual, there was no significant improvement noted. I became exasperated at this point and formally directed her to create a CAP and begin documenting this situation and attempt a formal resolution as informal resolution had obviously not been effective. I advised her that I had reviewed the ANMs previous evaluations and virtually all of them revealed the same pattern of problems that were then being exhibited by the employee. I invited her to review them as well. I expressed that I felt UTMB as an organization had to step up to the plate and attempt to improve the employees performance. I also voiced that, sadly some employees can not meet the expectations and in that event a demotion may be the only alternative left.

I then waited a few days and asked her how the efforts were going with the ANM. She related that she had introduced her to the concept by telling her that her performance had come under scrutiny at a recent meeting and that she would need to take some formal actions with the ANM. I was speechless upon hearing this. It sounded to me that Ms. Fisher was about to wash her hands of any responsibility for her own accountability by telling the employee this was the result of a meeting and not her own experiences with the employee.

Later that day I went to the employee and asked her myself how this had been introduced to her. She said Ms. Fisher related to her that there was a meeting and that "someone" had apparently voiced concerns about her ability to effectively perform her job. I explained in great detail that while that explanation was technically correct it grossly lacked important details. I described how the whole situation had come to light beginning with my observations when Ms. Fisher had been hired and how they had continued through to the present. The ANM seemed stunned and at a loss for words. I felt using the meeting as a premise to create a CAP for an employee who had months of deficient performance supported by her own supervisor's reports was bordering on unethical and strongly indicative of the manager's displacing accountability and responsibility.

Following this Ms. Fisher and I had a spirited debate over the questionable approach of this tactic. It was held in the presence of both Ms. Box and Ms. Rader, District HR administrator. Ms. Fisher accused me of using personal information to undermine her relationship wit her staff. My view was that Ms. Fisher had ample opportunity to take action knowing full well what my expectations were in this matter and only did so when I insisted. She then tried to evade direct responsibility for this by such as tangential presentation, i.e. a meeting.

Ms. Fisher did eventually create a CAP in conjunction with the employee. I was adamant that the CAP be created as a joint effort and that the ANM be an active participant and encouraged both Ms. Fisher and the ANM to work collaboratively to design a fair plan they could both agree to. This CAP, in conjunction with other deficits, eventually led to the demotion of the ANM in question. However it was only after another nurse Manager assumed supervision of the employee.

Ms. Fisher struggled to work as a team player in her initial assignment as a Nurse Manager. I instructed her before she ever stepped foot on a unit to assess the situation before making changes. As a new member to an older established team it was important to be accepted as much as possible. Shortly after she began working at the Goree unit she decided the supply room should be cleaned out. She proceeded to do so without checking with her colleague the practice Manager. As it turns out the Practice Manager was furious that she would make such changes without at least consulting with him. When asked about this she stated simply that she saw changes that needed to be made and she made them. She went on to cite multiple reasons that supported her actions. I asked her why she didn't at least consider speaking with her team and she replied that she just didn't think it was necessary.

Within a year after Ms Fisher was hired Dr. Adams, Dr. Julye, Jean McMasters and Julie Lawson, PA, approached the Management Team, specifically Ms. Box and I and requested that Ms. Fisher be removed from their team. Their general consensus was that Ms. Fisher was not a team player and didn't treat people well. As a result they were concerned with the departure of multiple, valued, nursing staff members. At that time Ms. Box and I both felt that there were multiple strong personalities involved and there was an adjustment period wherein the new staff members would need to be encouraged to get

along and work together. A new plan was established wherein the nurses would work with the midlevel provider at the Huntsville unit to expedite the sick call process. This process never seemed to work well in the beginning. I kept hearing reports of turf wars and who was going to control what. At one point I gave up on the nursing leadership (i.e. Ms. Fisher and her ANM) working effectively with the providers and I went to the Huntsville unit myself and literally took control of the process. When I went there that day the provider was in her office near tears and the nurses were in the nurses station doing apparently very little and there were numerous patients waiting to be seen. In short I got the staff together and asked the provider what she needed to get the job done and when I learned what it was we, as a team of nurses and the provider, proceeded to tackle the problem. Within an hour or so sick call was finished and people were beginning to speak with one another. I returned the second day and continued the process. There was still some hesitancy and coolness between the providers and the nursing staff but in got better and better with time. I found it amazingly simple to provide such a small amount of leadership to resolve a problem. From that point on, to the best of my knowledge, the process functioned better and no major obstacles were encountered. I do not know why Ms. Fisher could not have accomplished the same thing in the previous weeks that she had a leadership role on that facility. At that time I had concerns about Ms. Fisher's ability to lead effectively.

While I feel it is not my job to go to a facility and take charge like that it was readily apparent tome that things were out of hand and the system at that unit was about to fail. Ms. Fisher later told me that she was not happy that I intervened in the situation because she felt if it had continued for a little longer the process would have failed completely thus supporting her position that it was a bad idea. I seem to recall that this statement was made in front of some of the other nurse managers. I was deeply disturbed by this point of view. It indicated to me that she may have very well deliberately sabotaged the process by dividing the nursing staff from the provider staff (which was abundantly apparent). Prior to this she had asked me who was going to run nursing, her or the provider. I explained that she was responsible for nursing, but I could see no reason why some collaboration and cooperation could not be forthcoming. I also volunteered that if she could not facilitate this that I was more than willing to assist her and all she had to do was ask. It is my perception and belief that she loathes any interventions in her affairs and will suffer consequences of failure rather than ask me for assistance. In this case she was willing to see an entire process fail which would have adversely affected care for many patients who had no other means of treatment, in order for her to pursue her own personal agenda. She chose to do this rather than work with the other team member to give the process a fair chance of succeeding. This indicated to me that she was willing to go to any length to attain what she wanted at the expense of others and the failure of the mission. However given the backdrop at that time of the ongoing political struggles between the Practice Manager, Provider and some of the physician staff I decided to take a wait and see attitude.

In August of 2005, after lengthy consultation with Ms. Box and other members of the District Management team, I decided to move three Nurse Managers. They were moved for a variety of reasons. As it relates specifically to Ms Fisher I chose to relocate her to

the Estelle Regional Medical Facility (RMF). I decided to move her there for several reasons. One was that I knew she had worked hard to cover a cluster of three units that were divided geographically and I had hopes this one single unit might give her a little respite from so much turmoil and confusion. I had hoped it would give her a fresh start and if there were truly any lingering problems from her previous team this would be demonstrated with the move. I also chose her due to her familiarity with the RMF as she had worked here before as an Assistant Nurse Manager (ANM) under the direction of Ms. Adams. And in addition to this it was felt that she and the medical director had a good working relationship.

Shortly after the move numerous staff from all of the units immediately wanted to move to follow their respective nurse managers. I halted all transfers at that point and instituted a process that required all transfers be personally approved by me. This was done to expose the staff to new management styles and allow managers to work with some new fresh faces in the hope that growth would be healthy for all involved. One of the very first requests for transfer was a staff nurse who I will refer to as "Ms. M" who worked for Ms. Fisher at another unit. Ms. M had a reputation among the staff of being personal friends with Ms. Fisher. This was a reputation Ms. M apparently reinforced on the unit with some frequency. She also had a reputation of sometimes being difficult to work with. I was reluctant to grant this transfer as I was concerned that Ms. Fisher's relationship with the staff at the RMF might well be undermined. I shared these concerns with Ms. Fisher but she seemed unconcerned. There was considerable discussion between myself, Ms. Box, Ms. Fisher and even the medical director. I finally and reluctantly consented to the transfer with the understanding that Ms. M would work at the High Security Unit which is on the grounds of the RMF.

When Ms. Fisher was directly supervising Ms. M I had received reports that she would do things like bypass the chain of command and go directly to Ms. Fisher when she wanted something. This undermined the RN staff and the ANM of the unit. When I called this concern to Ms. Fisher's attention she seemed to believe I had only one source for such complaints and therefore it was a single source who didn't like Ms. M and a such had no credibility. In actuality I had multiple sources for this information and told Fisher as much, but she still denied any substance to the perception. Ms. Fisher repeatedly denied that she and Ms. M were friends outside work and that she didn't grant M any freedoms she didn't grant others. The fact was that Ms. M could and did, call Ms. Fisher at home any time. She reportedly made it known on the unit to co-workers that they were friends. I had multiple people come to me and express this concern and the perception that Ms. M was untouchable and thus any untoward behavior was not reported due to this perception among the staff. In February of 2006 this was given additional support from Warden Wakefield who told both me and Ms. Gotcher that there had been numerous complaints given to the previous practice manager and Ms. Fisher by security regarding the behavior of Ms. M and as far as he could tell no action was taken. He went on to say that from his perspective Ms. M's undesirable behaviors such as rudeness and lack of enthusiasm toward patient care continued to the present day.

I spoke to Ms. Fisher about my concerns on more than one occasion, but Ms. Fisher repeatedly assured me the concerns were groundless and that I was just hearing from one unhappy staff member. I asked her how she could know this as the behaviors and insinuation toward the alleged friendship were not portrayed when she was on the unit. I asked her if Ms. M did in fact call her at home on personal time and she agreed this happened, nevertheless she insisted that she just didn't think Ms. M would do this.

I made arrangements between Ms. Fisher and the other involved nurse manager for the transfer of Ms. M to the RMF. It was agreed that M only needed to come to me and provide me with a reasonable reason to request the transfer. An appointment was made and she came to my office. When I asked her why she wanted to transfer she seemed unprepared for the question and after some time finally admitted she had no real reason to transfer. I asked her if she had a good working relationship with the current nurse manager and staff and so forth. Every question was met with no real complaint. In short order I was at a loss to find a justification for the transfer. Since it was the whole reason for the interview process to prevent needless and rampant transfer I felt I had no choice but to deny the transfer as there were no grounds whatever presented to me to support it. As soon as she left I went to both Ms. Fisher and the other Nurse Manger and reported that I was completely dumfounded that she would request a transfer and then fail to provide even the most meager grounds for it. I was not able to grant it. We were all stunned and surprised by this turn of events.

I later emailed Ms. M and explained I could not grant the transfer for a lack of grounds. She wrote back a curt and sarcastic email accusing me of intimidating her due to my professionalism and extremely courteous behavior and that I had failed to even inquire into her medical reasons for transfer. Again I was stunned as I had never been accused of intimidating anyone by being professional and courteous. I couldn't imagine how I was supposed to know there was any medical reason to inquire about.

This seemed to be a stumbling block between myself and Ms. Fisher that she felt I had an axe to grind toward Ms. M. I called Ms. Fisher into my office and asked her if she thought I acted or displayed any prejudice (racial or otherwise) in my management style. She said she didn't think I was acting in a prejudiced manger but that at times my actions could perhaps be perceived as such. I asked her for an example. She related to me that I had accepted the view of other staff member toward some of Ms. M's behaviors but that I had never actually spoken to Ms. M and gotten her side of things. I agreed that this was true but that I had not actually taken any actions on what I had heard I had only relayed my concerns to her (Fisher) Nevertheless I was moved by the argument and I asked Ms. Fisher if she would consent to helping me be more objective if she ever felt I was not doing so. In short I asked that she act as a compass, as it were, if she ever felt I was off track. She agreed that she would do so and I thanked her.

One of the positions I have taken as the District Nurse Manager was not to rehire personnel who had previously worked for us that had a demonstrable reputation for being unreliable or difficult to work with. Once such incident came up during an impromptu Nurse Mangers meeting on an interview day. It was regarding a previous employee that I

had initially granted for rehire. Ms. Fisher was adamant that this was a mistake. Upon further reflection I agreed to reconsider this decision. I later concluded that Ms. Fisher was correct in this instance and I would have been remiss to allow the rehire. Subsequently I did prohibit the rehire of the employee in question. However, during this discussion she related that I would not allow Ms. M. to transfer because I felt she exhibited the same characteristics as the applicant in question. I explained that while that was true that was not what prohibited her transfer. It was her failure to give any reason for said transfer and that this was not the same thing. None of the other Nurse Managers could fathom her rationale as I explained repeatedly that I fully intended to grant the transfer pending M.s interview. Ms. Fisher refused to accept my word. I later learned that the nurse managers present for that meeting felt as if Ms. Fisher had all but accused me of lying about the incident. It was later relayed to me by one of the Nurse Managers that Ms. M had in fact admitted to a co-worker that she didn't offer any reason to me for the transfer.

A few days later this again came up in conversation with Ms. Fisher in Ms. Box's office. I even produced the emails from Ms. M and shared them with Ms. Fisher. It was as if everyone with an unbiased view could plainly appreciate the situation but Ms. Fisher. At this point I felt I was beginning to see an established pattern of her inability to objectively view things that held an emotional link to her.

I was profoundly disturbed by this but I was at a complete loss to know how to impact it in a positive manner. I didn't know how to convince someone to alter their decision making process and increase their objectivity when they never saw themselves at fault, not even in the slightest way. I have pointed this out in Ms. Fisher's most recent evaluation, but she refuses to believe or accept this. Once again, how do you convince someone that can't be convinced? She doesn't appear to take any responsibility for her actions.

I saw a flow of employees away form the RMF upon Ms. Fisher's arrival. I had expected some of those and was not initially overly concerned. The RMF has traditionally been difficult to staff and in conjunction with the above mentioned discontent with manager relocation I felt with was to be somewhat expected. I felt this essentially represented line staff. I mentioned in passing on Ms. Fisher's semi-annual evaluation this was occurring and that it might only be an artifact, but that it would bear watching. Ms. Fishers response was that everyone that left did so with other rationales and she was not at fault.

She specifically cited the departure of an ANM who was under a Corrective Action Plan (CAP) and who had underlying discontent as a result of the plan. This is not accurate. That ANM was already under a CAP when the announcement was made that the transfer of managers would take place. She was working toward improving her performance and had made no mention, to my knowledge, of a desire to leave. She came to my office and was extremely agitated to learn that Ms. Fisher was returning the RMF in a supervisory capacity. She cited numerous examples of previous inappropriate behavior by Ms. Fisher during her previous posting there. Some examples included rude and extremely vulgar language in public places and toward coworkers including the medical director. I

admonished the ANM to give Ms. Fisher a chance. I explained that time had passed and perhaps she had grown and that it was only fair to give someone a chance. It was several months following this that the ANM departed. I don't know what explanation she gave to Ms. Fisher but she took a large cut in pay to leave and she made it abundantly clear to me it was because of Ms. Fisher. While many employees may have left due to Ms. Fisher many won't make that public to her for fear of "burning bridges".

Late in the month of October 2005 I was visiting with another ANM. He advised me he was not happy with Ms. Fisher's direction. He explained that since she had arrived she had yet to even meet with the staff and share her expectations and her goals and listen to their concerns or problems. He went on to say that she essentially provided no direction to him or the other ANMs. He said that Ms. Fisher allowed certain staff to bypass the chain of command and go directly to her which undermined the authority of the ANMs in general. Again, this seems to be a pattern of behavior for her. She would make changes in processes without consulting or advising the ANMs. When they were asked about some changes by disgruntled staff they had no knowledge and therefore felt they had no choice but to refer staff back to her. His perception was that Ms. Fisher became angry when this happened and she expressed that she felt it was alack of support for her management by the ANMs. It is my preference that such problems be resolved at the lowest level. I asked him if he had discussed this with her and he replied that he had attempted to early on but that it was now met with any understanding. He went on to say it was not worth what might happen if you ever questioned her decisions or disagreed with her. He requested to be allowed to transfer back under his previous manager as he felt he could learn form her but didn't feel he could learn under Ms. Fisher. As with the previous ANM I admonished him to continue to try and that it sometimes took a settling in period. I asked him if it would be helpful for me to act as a facilitator and he replied that no he preferred to continue to work toward a resolution on his own. His allegations about a lack of useful communication were later confirmed by the only other remaining ANM.

Shortly after I spoke the ANM above I went to Ms. Fisher and in casual conversation I asked how her staff meetings had been going and how the staff were responding to her new leadership? She informed me she had not held any staff meetings to date. I reminded her that I was constantly expressing the managers how important it was to share their expectations to the staff and get them oriented to things. I also pointed out that as a manager new to the post it was extremely important to meet with the staff early on and get to know them and see what was on their minds. I reminded her that that was one of the very first orders of business I undertook when I came to this post and I felt it was extremely important. She then agreed to hold a staff meeting soon. I think it was eventually in November this took place. I later asked how it went and the ANM said it was long overdue and it was well received for the most part. This was also mentioned, in passing in Ms. Fisher's semi-annual evaluation. She cited that she had worked the floors and visited with the staff and had anecdotally shared her vision and goals with the staff piecemeal. I found this to be lacking in both logic and leadership. Once again, I felt Ms. Fisher was determined to take no responsibility for her performance.

In February of 2006 I was working late one evening and I observed a nurse com into the RMF I didn't recognize. I later learned she was one of the RN we had recently hired, who had come with excellent references. I walked back to the ER to speak with her, welcome her aboard and get to know her. During our conversation I asked her how her orientation was going and did she need anything to better support her efforts to assimilate to the new environment. She stated she would like a few more hours of orientation with a specific nurse. I asked her to please email Ms. Fisher and let her know of her needs. She immediately looked disturbed at this suggestion. I asked her if she had any concerns about doing so and she admitted that she was concerned that Ms. Fisher night not take such a request well. I was completely taken aback by this response for such a new employee. She had been with the organization for less than two months and already expressed concerns about approaching her manager for the most meager and reasonable of requests.

I assured her that I was certain such a request would be most reasonable and would be accepted well and asked her to please bind copy me on the email. She later did so. I have seen her a few times since then and have asked her if she ever received the additional orientation she had requested. She replied she had not. On one occasion I mentioned to Ms. Fisher that I had visited with her in passing and she had requested some additional orientation and asked that this be addressed. Ms Fisher advised me she would look into it. I emphasized that our ability to recruit and retain good personnel was not the best and I felt it was very important we deal rapidly and constructively with such requests. On 3-30-06 I again saw this nurse, more than a month following the initial conversation. I asked her if she had ever received any additional orientation and she replied that it had not been supplied.

I was contacted by the four RN, ER nurses and they requested a group meeting with me concerning Ms. Fisher. These four RNs represent he majority of the RN leadership of this facility besides the ANMs and Ms. Fisher. I agreed to meet with them and did so at 6PM on January 10, 2006. Three of the four were present. They complained about many and things including staff turnover since Ms. Fisher's arrival. I felt that some of their complaints were simply not justified and I told them so. Some were conclusions made out of ignorance of certain processes and I explained those processes and those were cleared up. Some, however represented what they felt was unprofessional and retaliatory behavior. For some of the allegations I had no answers. I conceded there may be merit to at least some of their complaints. One was that one of the RN had made a safe harbor claim. Shortly thereafter her long standing vacation request, which was subsequently approved, was suddenly revoked by Ms. Fisher. That looked retaliatory. I explained that the Safe Harbor filing concerning inadequate staffing could have justified the revocation. What I didn't say to them was that on the other hand, if the Safe Harbor filing was in fact not supported, then why revoke the vacation of the very nurse who made the claim just days before?

One complaint was that Ms. Fisher had worked on night in the ER and decreased APR levels of certain stocks that they felt they needed. She had removed some items because she didn't know what they were. Those had to be returned. They were upset that they

employee three hours off for a medical appointment on a day shift as opposed to losing an entire day or having someone else work the entire time. It didn't seem to be a reasonable decision. It just so happens this is the same employee who filed the grievance against Ms. Fisher for abusive behavior. This appeared to be a retaliatory move especially in light of the fact the ANM had already agreed to approve it. I advised MacCartney I was re-approving it and to grant the three hours leave. She then said that another employee (also a day shift) had asked for a similar leave and it was also disapproved by Ms. Fisher on the same grounds, but that employee had now called in for two or three days and therefore no intervention on my part would make any difference.

Upon reviewing the schedule it seems we needed a few holes filled in the schedule and I could find no justification for three, full time, agency nurses as I had been advised by Ms. Fisher earlier.

Another issue cropped up this same day that was troublesome. Early on in the use of agency staff nurses, when invoices were coming through from the agency I saw the delay was not conducive to accurately following our financial situation. I instructed Ms. Fisher to institute a program wherein a spreadsheet would be created and agency time tracked as it was used so we could predict how our budgeted funds were going and we would not outpace the spending due to the lag time in the arrival of the invoices. Apparently this was not well followed as I learned we had overspent the allotted funds by some 6-8 thousand dollars.

In summary, while I have seen some things in Ms. Fisher's behaviors that disturbed me I was more than willing to give her every benefit of the doubt. I have defended her behaviors on numerous occasions in the hope that what I saw was the result of a multifaceted problem and that she was doing her part. I have counseled with her repeatedly on the need for effective communication. When she was relocated to the RMF these same patterns of behavior have continued. She has now demonstrated to me that she is willing to allow others to suffer to meet her own ends. This was most manifest regarding her unwillingness to work with and delegated to her ANMs. Her willingness to suffer or have the staff/patients suffer rather than relinquish absolute control over the agency nurses. And finally, her failure to accept any responsibility whatever for her performance as exhibited in her rebuttal statement for her semi-annual evaluation.

I feel that I am in a situation where I can not ail to act. It is my belief that I will be unable to convince her that her behaviors need to change and she will continue on a path that will be destructive to the RMF and it's staff. I feel I have no other choice but to remove her from her position as a Cluster Nurse Manager over the RMF.